

therapeutic armamentarium in nonsurgical intranasal therapy, where no results have been otherwise achieved with time-honored medicaments.

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#### REFERENCES

1. Fox, Noah: *Archiv. Otolaryng.*, Vol. 6, No. 2, p. 112 (Aug.), 1927.
2. Fox, Noah: *Archiv. Otolaryng.*, Vol. 11, No. 1, p. 48 (Jan.), 1930.
3. Fox, Noah: *Archiv. Otolaryng.*, Vol. 13, No. 1, p. 73 (Jan.), 1931.
4. Fox, Noah: *Archiv. Otolaryng.*, Vol. 13, No. 2, p. 255 (Feb.), 1931.
5. Stark, W. B.: *Archiv. Otolaryng.*, Vol. 8, No. 1, p. 47 (July), 1928.
6. Scheffel, Carl: *Laryngoscope* (April), 1931.
7. Phillips, F. L.: *Ann. Otol., Rhin., and Laryng.*, 35:709 (Sept), 1926.
8. Harris, M. L.: *Archiv. Otolaryng.*, Vol. 10, No. 1, p. 75 (July), 1929.

#### TETANUS?

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#### REPORT OF CASE

MR. F. O., grocery clerk, single, age 35, weight 178 pounds, height 6 feet. Health up to the date of injury, good. On April 29, 8 a. m., Mr. O. stepped on a nail in his garage. The nail penetrated the foot beneath the metatarsophalangeal joint of the left great toe, evidently entering the metatarsal bone. The board, through which the nail had been driven, was "pried" from the foot, and the extremity immediately "soaked in zonite for one-half hour." The patient then drove seventy-five miles to a neighboring town, to find his plans for the day interrupted by severe pain in the foot and leg. At 12:30 p. m., a physician was consulted, who probed the wound and gave 1500 units of tetanus antitoxin in the right deltoid muscle. Mr. O. returned home at 6 p. m. and again soaked his foot in zonite. The pain, which had extended into the thigh, increased gradually in severity, necessitating further medical attention. The patient was seen in his home at 12:30 a. m., April 30, at which time he was lying on a couch moaning and groaning, with a temperature of 99 degrees, pulse 100. There was slight redness about the wound, some swelling of the toe and adjacent parts, and excruciating pain and marked tenderness in the toe and foot. Muscle-twitching was easily elicited by gently tapping the foot, leg and thigh muscles. Any movement of the foot or leg was accompanied by much pain. Vague dorsal pains were complained of, especially of the left side, as high as the sixth thoracic vertebra. There was no indication of muscle spasm other than when the limb was moved or tapped, and this seemed more like rigidity due to pain. The patient was already mumbling and speech was becoming incoherent. Questions were answered very briefly, often incompletely, and sometimes only after two or three repetitions. Morphine sulphate, grain one-quarter, was given at once subcutaneously and 10,000 units of tetanus antitoxin were given intraspinally, and another 10,000 units intravenously. The patient was ordered to the hospital, which he entered at 1:20 a. m. in care of a special nurse. The puncture tract was laid open by a one-inch incision, the wound packed with gauze, and the dressings kept soaked with hydrogen peroxid. A maximum temperature of 100.2, pulse 92, was recorded at 5 p. m. At 6 p. m., 10,000 units of tetanus antitoxin were given intravenously and another 10,000 units intramuscularly. Very little change was noted up to this time. The moaning and groaning and restlessness continued until midnight of May 1. The patient states that he has only a fragmentary recollection of events which occurred between 11:30 p. m. April 29 and 6 p. m. April 30. Morphine was used to control the intense pain, and

this may have necessitated catheterization for thirty-six hours. By the afternoon of May 1 the pain was restricted to the region below the knee, and the clouded mental condition had disappeared. Tapping the muscles no longer elicited any reaction. There was never more than a slight serosanguineous discharge on the dressings, and cultures in solid media, made of smears from the wound, remained sterile. The wound promptly began healing as soon as the gauze was removed. The patient left the hospital May 2, and the case was dismissed on the 19th. There have been no ill after-effects.

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#### PROLAPSE OF THE CERVIX AT TERM\*

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THIS case is reported because of the rarity and the apparent lack of references to the condition in current literature. In many of the standard obstetrical textbooks the subject is either omitted entirely or dismissed with the reminder that the condition is quite rare. The late J. W. Williams had never had such a case and felt that prolapse of the cervix at term is a mechanical impossibility.

The following is a résumé of the history and course of labor in a patient having a prolapse of the cervix.

#### REPORT OF CASE

Mrs. De la R., a Mexican woman, aged twenty-three years, presented herself for prenatal care at the outpatient clinic of the General Hospital of Fresno County on July 13, 1933. Her last menstrual period was November 25, and confinement was expected on September 1. One previous pregnancy had been entirely normal. There had been no miscarriages.

Pelvic measurements: I. S., 25; I. C., 28; I. T., 29; Baud, 18.

Internal measurements were not taken. General physical examination revealed no abnormalities. Blood pressure was 112/72. Urine and Wassermann tests were negative. The patient was again seen on July 21, at which time she complained of slight vaginal bleeding of three days' duration. Hospitalization was refused by patient, and she was sent home with advice to remain in bed. Patient was again seen on July 27. Examination at this visit showed the cervix projecting about three and one-half centimeters beyond the vulval outlet. There were no signs of erosion or cervical infection. Following the patient's admission to the hospital, the cervix was replaced in the vaginal cavity under sterile technique. The patient left the hospital on July 23, against the advice of the attending physician. She again presented herself on July 27, and examination revealed the same degree of cervical prolapse as on the former admission. She was again admitted to the hospital and the cervix was again replaced. Examination at this time showed a cervix of normal appearance as to size and consistency. The os easily admitted one finger, and on palpation the presenting head could be easily felt. The lower uterine segment appeared thick, and it was felt that the previous vaginal bleeding might have resulted from the abnormal stretching of the upper uterine segment, causing a slight separation of the placental site. After replacement of the cervix the patient was placed on strict bed rest. On August 7, under aseptic precautions, the vagina was packed with mercurochrome-soaked gauze, and the patient was allowed to be up and about. The packing was expelled the following day and the patient was once again placed in bed. No

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